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APPLICANTS *Done* *PS*

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** CONTINUING DATA ***** *None* *PS*

** FOREIGN APPLICATIONS ***** *None* *PS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY UT	SHEETS DRAWING 3	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 2
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Verified and Acknowledged *Philip Dwyer* *PS*
 Examiner's Signature Initials

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TITLE
 Implantable intravascular delivery device

FILING FEE RECEIVED 603	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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